# **ORIGINAL**

State of Idaho

Ben Ysursa Secretary of State

### LOBBYIST MONTHLY REPORT FORM

To Be Filed By:

L-3 LOBBYISTS (Sec. 67-6619)

Page of Page(s)
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OS MAY 10 PM 1:50 STATE OF IDAHO

(Type or print clearly in black ink)
See instructions at bottom of page

Lobbyist's name and permanent business address

Molly Steckel

601 W. Bannock

Boise, ID 83702

Date prepared

Period covered

month ending

(Mo.) (Day) (Yr.)

04 30 05 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Category of Expenditure Proportionate amounts contributed by each employer (Identify employers, under Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity \* Total Amount for Item 3, at bottom of page.) All Employers Do Not Have to be Reported Employer No. 1 Employer No. 2 Employer No. 3 Employer No. 4 Entertainment 31.12 0.00 0.00 105.40 Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Services 0.00 31.12 0.00 0.00 105.40 Total \*When the number of employers you are reporting for requires multiple L-3 forms to be filed a total amount for all employers should be entered on Page 1. The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office. Names of Legislators & Public Officials in Group Date Place Amount

The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office.

Date Place Amount Names of Legislators & Public Officials in Group

Continued on attached page(s)

Who should file this form: Any lobbyist registered under Section

Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.

INSTRUCTIONS

TO BE FILED WITH:

67-6617 Idaho Code.

Ben Y sursa Secretary of State PO Box 83720 Boise, ID 83720-0080

Phone: (208) 334-2852 Fax: (208) 334-2282

1tem Employer(s) Name(s) and Address(es)

No.1 Idaho Medical Association 305 W. Jefferson, Boise, ID 83702

No.2 Idaho Telephone Association P.O. Box 88, Cambridge, ID 83610-0088

No.3 Idaho Psychological Association P.O. Box 352, Boise, ID 83701-0352

No.4 ACEC-Idaho
P.O. Box 8224. Boise. ID 83707

Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, or for or on behalf of any legislator. Date Amount Name of Legislator Receiving or Benefited LEGISLATIVE SUBJECT IDENTIFICATION Subject matter of proposed legislation, the number of the Senate Item or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing. Code Subject Code Subject 10 Agriculture, horticulture, 17 Health service, medicine, drugs Bill, Resolution or Other | Appropriation Bill Number Subject Code farming, and livestock and controlled substances, health (from table) Legislative Ident. Number and Section Number Amusements, games, athletics insurance, hospitals Higher education and sports 18 17 HB 331 (Emp 1) 03 Banking, finance, credit and 19 Housing, construction, codes 17 HB 363 (Emp 1) investments Insurance (excluding health 20 Children, minors, youth, 04 insurance) 17 SB 1119 (Emp 1) senior citizens 21 Labor, salaries and wages, 17 SB 1140 (Emp 1) 05 Church and religion collective bargaining 06 Consumer affairs Law enforcement, courts, 17 SB 1158 (Emp 1) 07 Ecology, environment, pollution, judges, crimes, prisons 17 SB 1163 (Emp 1) 23 conservation, zoning, land and License, permits 30 water use 24 Liquor HB 224 (Emp 2) Education Manufacturing, distribution and 16 HB 143 (Emp 4) Elections, campaigns, voting, services Natural resources, forest and 23 HB 163 (Emp 4) political parties 26 10 Equal rights, civil rights, forest products, fisheries, mining 11 HB 263 (Emp 4) minority affairs and mining products 29 SB 1183 (Emp 4) Government, financing, Public lands, parks, recreation taxation, revenue, budget, Social insurance, unemployment 16 SB 1220 (Emp 4) appropriations, bids, fees, funds insurance, public assistance, workmen's compensation 12 Government, county 13 Government, federal Transportation, highways, Government, municipal streets and roads Government, special districts Utilities, communications, 15 Government, state televisions, radio, newspaper, power, CATV, gas Other (please specify)\_

5/10/05

CERTIFICATION: 1 hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idahe Code.

Lobbyist signatur

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State of Idaho

Ben Ysursa Secretary of State

## LOBBYIST MONTHLY REPORT FORM

To Be Filed By:

**L-3** 

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(Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Period covered month ending Molly Steckel 601 W. Bannock 05/10/05 (Day) (Mo.) (Yr.) Boise, ID 83702 04 30 05 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity \* Total Amount for Item 3, at bottom of page.) All Employers Do Not Have to be Reported Employer No. I Employer No. 2 Employer No. 3 Employer No. 4 Entertainment 0.00 0.00 0.00 0.00 Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Services 0.00 0.00 0.00 0.00 0.00 Total \*When the number of employers you are reporting for requires multiple L-3 forms to be filed a total amount for all employers should be entered on Page 1. The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office. Names of Legislators & Public Officials in Group Date Place Amount

Continued on attached page(s) Item Employer(s) Name(s) and Address(es) INSTRUCTIONS Developers of Hidden Springs, Inc. Who should file this form: Any lobbyist registered under Section 5892 W. Hidden Springs Drive, Boise, ID 83714 67-6617 Idaho Code. No.2 Anderson Financial Services, LLC Filing deadline: Monthly reports due within ten (10) days of the P.O. Box 68987, Milwaukie, OR 97268 month for activities of the past month. TO BE FILED WITH: No.3 Anheuser-Busch Companies, Inc. Ben Y sursa One Busch Place, St. Louis, MO 63118-1852 Secretary of State PO Box 83720 No.4 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282

ltem 4	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, or for or on behalf of any legislator.								
	Date		Amount		Name of Legislator Receiving or Benefited				
ltem				ion, the number of the Sen		LEGISLATIVE SUBJECT IDENTIFICATION			
5			as supporting or of			e Subject Agriculture, horticulture,		Subject flealth service, medicine, drugs	
Subject (from	t Code table)		esolution or Other ive Ident. Number	Appropriation Bill Num and Section Number		farming, and livestock	• •	and controlled substances, health	
8 8		SB 10 SB 1	021 (Emp 1) 170 (Emp 1)		08 09 10 11 12 13 14 15 16	senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, foes, funds	18 19 20 21 22 23 24 25 26 27 28 29 30	insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)	
CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaha Code.									
Lobbyist signature Date Date									